

Multiple Dependent Claim Fee Calculation Sheet (For Use With Form PTO-875)						SERIAL NO. <u>09/043171</u>	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51				
2		1				52				
3		2				53				
4		2				54				
5		2				55				
6		1		1		56				
7		1		1		57				
8		1		1		58				
9		1		1		59				
10		1		1		60				
11		1		1		61				
12		1		1		62				
13		1		1		63				
14		1		1		64				
15		1		1		65				
16						66				
17						67				
18						68				
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39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.			4			TOTAL IND.				
TOTAL DEP.		1	1			TOTAL DEP.				
TOTAL CLAIMS			15			TOTAL CLAIMS				

Best Available Copy